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DLN: 93493228004180

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No 1545-0047

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009 D Employer identification number Name of organization B Check if applicable Please National Marrow Donor Program use IRS label or Address change 84-0865803 Doina Business As E Telephone number Name change print or type. See (612) 627-5800 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 262,694,146 3001 Broadway Street NF No 100 Termination tions. City or town, state or country, and ZIP + 4 Minneapolis, MN 554131753 Amended return Application pending Name and address of principal officer H(a) Is this a group return for Gordon C Brvan affiliates? 3001 Broadway Street NE No 100 Minneapolis, MN 554131753 □ Yes □ No H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 Website: ► www marrow org K Type of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 1981 M State of legal domicile CO Part I Summary Briefly describe the organization's mission or most significant activities Saving lives through cellular transplantation - science, service, and support Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) $\,$. $\,$. 30 29 Number of independent voting members of the governing body (Part VI, line 1b) . 703 Total number of employees (Part V, line 2a) . . 6,300 Total number of volunteers (estimate if necessary) . 0 Total gross unrelated business revenue from Part VIII, line 12, column (C) . Net unrelated business taxable income from Form 990-T. line 34 7h 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 8 45,702,491 51,642,894 Program service revenue (Part VIII, line 2g) . . 179,538,893 208,876,378 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,495,301 276,967 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 226,736,685 260,796,239 10,467,426 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 6,214,876 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 34,995,968 48,355,495 10) 16a Professional fundraising fees (Part IX, column (A), line 11e). 0 b Total fundraising expenses (Part IX, column (D), line 25) ►79,212 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 185.208.263 210,809,586 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 226,419,107 269,632,507 19 Revenue less expenses Subtract line 18 from line 12 . 317,578 -8,836,268 (Assets or defined designation) **Beginning of Year End of Year** 20 Total assets (Part X. line 16) . 104,925,447 105,718,021 21 Total liabilities (Part X, line 26) . 45,134,783 53,593,085 22 Net assets or fund balances Subtract line 21 from line 20 52,124,936 59,790,664 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2010-08-16 Sign Signature of officer Date Here GORDON C BRYAN CFO Type or print name and title

Paid Preparer's

Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

DELOITTE TAX LLP

Date

Check if empolyed 🕨 🔽 Preparer's identifying number (see instructions)

Phone no 🕨 (612) 397-4000

MINNEAPOLIS, MN 55402 May the IRS discuss this return with the preparer shown above? (see instructions) .

50 SOUTH SIXTH STREET

Form 990 (2008)

Yes No

Forn	n 990 (2008)					Page 2
Pai	ttill Statement o	f Program Serv	ice Accomp	olishments (see ins	structions.)	-
1	Briefly describe the oi	rganızatıon's mıssıo	n			
Savi	ıng lıves through cellular	transplantation - s	cience, service	, and support		
2	Did the organization ui the prior Form 990 or		cant program s	ervices during the yea	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe thes	e new services on S	Schedule O			
3	Did the organization co	ease conducting, or	make significa	nt changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe thes	e changes on Sche	dule O			
4		501(c)(4) organiza	itions and secti	on 4947(a)(1) trusts a	largest program services are required to report the a service reported	
4a	(Code) (Expenses \$	163,242,437	ıncludıng grants of \$) (Revenue \$	208,776,199)
	to donate and support res support" - captures and co O People who need transpremaining 70% of people not genetically related ("Usingle point of access - a patient The access has gr provides access to 8 4 mil blood, or peripheral blood treatment NMDP's expert	earch to extend and im primunicates the reasor olants to provide a poter who require a transplant in related") is available to physician searching for a rown to more than 13 m lion United States poten stem cells ("PBSC") NI ise in matching the donorld-renowned NMDP is	prove lives NMDP's existential cure for lukem tineed access to all through the service a patient can utilize fullion adult donors are dept is dedicated to or's human leukocy	s mission statement - "Savi nce, and it clearly articulate ha or another serious diseas n unrelated donor Matching is provided by NMDP The so the NMDP's matching process and 400,000 stored cord bland over 180,000 CBUs Trand o ensuring that all patients to the antigen ("HLA") tissue to	ing lives through cellular transplar es the three ways that NMDP is a se only find a donor within their fi g cell sources for transplants betw tope of NMDP's services is virtuall to access many of the known sou bood units ("CBU") worldwide In a splants are performed using ster	ble to save lives See Schedule amily 30% of the time. The veen donors and recipients who are y unparalleled. NMDP provides a curces of cells available to a particular the United States alone, NMDP in cells from marrow, umbilical cord access to this potentially life-saving er to increase the likelihood of a
4b	(Code) (Expenses \$	48,013,019	including grants of \$		5 24,493)
40	The Be the Match Registry 40,000 new potential don- than 41,000 transplants p facilitated transplants have Schedule O The Registry a	or (the "Registry") is the ors join the Registry ead roviding patients with a e increased at a compount of the cord blood respond to the cord blood responding to	largest and most r th month, with mo second chance at l and growth rate of stones in fiscal yea	acially and ethnically divers re than 481,000 new poten ife In 2009, NMDP facilitate 14% since fiscal year 2005 ir 2009 Adult donors on the	te registry of its kind in the world tial donors joining in 2009 Since ed 3,764 bone marrow and 1,056 and transplant volume has more Registry reached 8 million by th	In the United States, on average, 1987, NMDP has facilitated more cord blood transplants NMDP- than doubled since 2003 See
4c	extensive database for re-	searchers, conducting of	services for improvoservational studies	s, and planning and facilitat) (Revenue \$ cal research This work includes e ing clinical trials that assess trend ion process and advance transpla	stablishing and maintaining an s and therapies During FY09,
	(0-1-) (5	42.222.22		\	22.727.
	(Code) (Expenses \$	12,222,881	including grants of \$) (Revenue \$	33,737)
	0.11	/D				
4d	Other program servic (Expenses \$	•	hedule O) cluding grants o	f\$) (Revenue \$)
4e	Total program service	e expenses►\$	246,887,37	74 (Must equal Part I	X, Line 25, column (B).)	

art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[4]{3}$	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		Νο
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

	990 (2008)					Page !
Pai	t V Statements Regarding Other IRS Filings and Tax Complianc	е				1
			1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable					
		1a	667			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		_			
		1b	0			
С	Did the organization comply with backup withholding rules for reportable payments t gaming (gambling) winnings to prize winners?	oven	dors and reportable	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a	703			
ь	If at least one is reported on line 2a, did the organization file all required federal emp					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-fil			2b	Yes	
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?	g the	year covered by this	3a		l No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho	edule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities ac account)?	count	, or other financial	4a		l No
ь	,	• •				110
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, I	Repor	t of Foreign Bank and			
	Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		No
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Prohibited Tax Shelter Transaction?	Tax-E	xempt Entity Regarding	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
	If "Yes," did the organization include with every solicitation an express statement th	atsu	ch contributions or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		
а	Did the organization provide goods or services in exchange for any quid pro quo con \$75?	tribut •	on of more than	7a		N o
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal proper	rty for	which it was required to	-		N -
d	file Form 8282?	7d		7c		No
u	If res, indicate the number of forms 6262 med during the year	, u				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	prem	nums on a personal	7e		l No
f	benefit contract?	· · onalh	enefit contract?	7f		No
a	For all contributions of qualified intellectual property, did the organization file Form 8			7. 7g	Yes	110
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization fi		·			
	required?			7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised fur organizations. Did the supporting organization, or a fund maintained by a sponsoring					
	business holdings at any time during the year?			8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised fur	nds.				
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter		I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	116				
	against amounts due or received from them)..........	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 99	0 ın lı	eu of Form 1041? I	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Se	ction A. Governing Body and Management			
	ction At Coverning Body and Hanagement		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 30			
b	Enter the number of voting members that are independent 1b 29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		N o
6	Does the organization have members or stockholders?	6		N o
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		N o
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	10		N o
11	must describe in Schedule O the process, if any, the organization uses to review the Form 990 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		N o
Se	ction B. Policies			
12-	Donath and the second s	12-	Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
Ь	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	100		
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed►AL, AK, AZ, AR, CA, CO, CT, FL, IL	. , KS ,	KY, ME	, MD,
	MA, MI, MN, MS, NJ, NM, NY, NC, (RI, SC, TN, UT, VA, WA, WV, WI, N	он, о		
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie oraz	ınızatıor	. ►
	Gordon Bryan 3001 Broadway Street NE Suite 100 Minneapolis, MN 55413 (612) 627-5800	9 °		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
 - List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any officer, director, trustee or key employee										
		(C) Position (check all that apply)		(5)	(-)	(F)				
(A) Name and Title	(B) Average hours per week	x Individual	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Edward L Snyder MD Director	1 00	Х						0	0	0
Rebecca A Lewis Esq Director	1 00	Х						0	0	0
Arthur W Bracey MD Director	1 00	Х						0	0	0
Robert D Lorentz PhD Director	1 00	Х						0	0	0
Deborah A Abroal Director	1 00	Х						0	0	0
Daniel D Arndt Director	1 00	Х						0	0	0
Laurence D Atlas Esq Director	1 00	Х						0	0	0
Robert L Baitty Ex Off Director	1 00	Х						0	0	0
Theresa M Boyd MD Director	1 00	Х						0	0	0
Colleen R Chapleau Director	1 00	Х						0	0	0
Rex L Crawley PhD Director	1 00	Х						0	0	0
Stella M Davies MB Director	1 00	Х						0	0	0
Marcos de Lima MD Director, Council Pres-e	1 00	Х						0	0	0
Richard C Durbin Director	1 00	Х						0	0	0
Andrea Feldmar Director	1 00	Х						0	0	0
Jacquelyn Fredrick Director	1 00	Х						0	0	0
David B Frohnmayer Esq Director	1 00	Х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	T							1	T	
		(C) Position (check all that apply)								(F)
(A) Name and Title	(B) Average hours per		Institutio	9	Ke) er	Highest ci employee	Former	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estimated amount of other compensation from the
	week	x Individual	Institutional Trustee	Officei	emplo)ee	Highest compensated employee Key employee		(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Sergio A Giralt MD Director	1 00	Х						0	0	C
Gary A Goldstein Director	1 00	х						0	0	C
Gregory Hale MD Director	1 00	х						0	0	C
John A Hansen MD Em Director	1 00	х						0	0	C
Robert J Hartzman MD Director	1 00	х						0	0	C
Naynesh R Kamanı MD Director	1 00	х						0	0	C
Nancy A Kernan MD E Director	1 00	х						0	0	C
Mırıam A Markowıtz Dırector	1 00	х						0	0	C
Becky McCullough Director	1 00	х						0	0	C
Edgar L Milford MD Director	1 00	х						0	0	C
Bernadette Murray-Fertel Director	1 00	х						0	0	C
Esperanza B Papadopoulo Director	1 00	х						0	0	C
Stelios Papadopoulous P Director	1 00	х						0	0	C
Herbert A Perkins MD Director	1 00	х						0	0	C
Frank E Petersen Jr Director	1 00	х						0	0	C
Thomas H Price MD Director	1 00	х						0	0	C
Susan N Rossmann MD Director	1 00	Х						0	0	C
Shelley Tims Ex Officio Director	1 00	х						0	0	C
Randal K Wada MD Director	1 00	Х						0	0	C
John P Whiteley Director	1 00	х						0	0	C
John R Wingard MD Director	1 00	х						0	0	C
Jeffrey W Chell CEO	40 00			Х				596,401	0	63,628
Dennis L Confer MD CMO	40 00			х				373,800	0	60,976
Gordon C Bryan CFO	40 00			Х				348,310	0	54,662
Michael J Boo Strategic Development Of	40 00			х				321,611	0	48,742
Claudio Garcia Chief Mkting & Recruitme	40 00			Х				265,002	0	47,337
Michael Jones CIO	40 00			х				262,646	0	49,617
John P Miller MD Director of Donor Medica	40 00					х		295,486	0	34,227
Brian L Lindberg Legal Counsel	40 00					х		231,868	0	39,429
Jeffrey M Uecker Controller	40 00					х		162,374	0	29,945
Patrick A Reinken Legal Counsel	40 00					х		152,683	0	6,966
Kyle M Nelson Informational Technology	40 00					х		148,531	0	23,268
1b Total					<u> </u>	-		3,158,712	0	458,797

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable

compensation	from	the	organızatıon ⊁ 30
--------------	------	-----	--------------------------

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes." complete Schedule I for such person	_		NI -

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than

\$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
DBI Consulting Inc 6200 Shingle Creek Parkway Suite 5 Minneapolis, MN 55430	IT Consulting	2,829,345
Charter Solutions Inc 3033 Campus Drive Suite 160 Minneapolis, MN 554412695	IT Consulting	2,789,931
Preston Kelly Inc 222 1st Ave NE Minneapolis, MN 55413	Marketing Communciations Agency	2,484,782
McCaa Webster & Associates Inc 1422 W Lake Street Suite 212 Minneapolis, MN 55408	IT Consulting	1,766,294
Midwave Corporation 10050 Crosstown Circle Eden Prairie, MN 553443346	IT Consulting	1,007,580

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶32

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512,513,or 514
<u>ජ</u> ු 1a	Fede	rated camp	paigns 1a					
§ ይ	b Mem	bership du	es					
Ê a	E Fund	raisina eve	nts 1c					
ਾ ਹ		-						
≅ °	6		ations 1d					
톭 °	e Gover	nment grants	(contributions) 1e	51,256,341				
<u>~</u> f			ns, gifts, grants, and 1f t included above	386,553				
and other similar amounts	y Nonc	ash contril	butions included in					
면 대명		1a-1f \$ _ . Add lines		▶	51,642,894			
				Business Code				
2a	Procur	ement reven	ue	900,099	160,834,645	160,834,645		
ь	Donor	search rever	nue	900,099	48,041,733	48,041,733		
.					,	,		
d								
e	•							
2a b c d e	Allot	her progra	m service revenue					
g			2a-2f		208,876,378			
3			ome (including dividend		1,329,768			1,329,768
			aramounts)		1,329,700			1,329,700
4			tment of tax-exempt bond p	·				
5	Roya	lties						
			(ı) Real	(II) Personal				
6a		s Rents						
1	b Less i expen							
	Renta	Income						
	or (los		(1)					
d	netr	ental incor	me or (loss)					
_	Cross	amount	(ı) Securities 845,106	(II) O ther				
7a	from s	ales of	643,100					
	assets than ir	other nventory						
L	b Less	cost or	1,878,972	18,935				
		basis and expenses						
	C	r (loss)	-1,033,866	-18,935				
d	. Neta	ا aın or (los	s)		-1,052,801			-1,052,801
8a			om fundraising					
-		ts (not incl	_					
	\$							
			reported on line 1c)					
	See F	art IV, iin	e 18 a					
١.	L .							
"			penses b	L. Lands				
<u> </u>			loss) from fundraising (events F				
9a			om gaming activities					
	see F	ait IV, IIN	e 19 a					
	h Loos	direct over						
				/ities▶				
10			loss) from gaming activ	villes				
10			nventory, less wances .					
			а					
4			oods sold b					
_ <u>_</u> c			loss) from sales of inve					
	Mıs	cellaneous	Revenue	Business Code				
11	La							
		.h						
		her revenu						
'			11a-11d		360 706 355	200 075 275		276.5-
12		Revenue.	Add lines 1h, 2g, 3, 4,	5,6d,7d,8c, ▶-	260,796,239	208,876,378	0	276,967

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

A	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			D).	
Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	10,467,426	10,467,426		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,751,325	489,750	3,261,575	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	34,852,080	29,327,104	5,445,764	79,212
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,008,308	1,667,015	341,293	
9	Other employee benefits	4,760,226	3,690,652	1,069,574	
10	Payroll taxes	2,983,556	2,405,183	578,373	
11	Fees for services (non-employees)				
а	Management				
b	Legal	542,938		542,938	
С	Accounting	148,429		148,429	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	23,669,671	21,391,657	2,278,014	
12	Advertising and promotion	28,497	24,874	3,623	
13	Office expenses	4,891,120	4,314,531	576,589	
14	Information technology	2,338,690	1,979,278	359,412	
15	Royalties				
16	Occupancy	5,712,194	1,522,240	4,189,954	
17	Travel	3,201,857	2,626,816	575,041	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	113,090	111,711	1,379	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,796,839	205,395	2,591,444	
23	Insurance	442,055	385	441,670	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Medical services	115,873,645	115,873,645		
b	Forms Completion & Rese	27,914,529	27,914,529		
c	Donor search services	15,589,405	15,589,405		
d	Donor recruitment	6,871,642	6,871,642		
e	Relations & Members	239,981	170,156	69,825	
f	All other expenses	435,004	243,980	191,024	
25	Total functional expenses. Add lines 1 through 24f	269,632,507	246,887,374	22,665,921	79,212
26	Joint Costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					<u> </u>	<u> </u>	
					(A) Beginning of year		(B End of	•	
	1	Cash—non-interest-bearing	i		-5,144,886	1	-(9,620,318	
	2	Savings and temporary cash investments			37,576,653	2	33	3,167,872	
	3	Pledges and grants receivable, net			6,999,468	3	(5,168,054	
	4	Accounts receivable, net			27,526,389	4	32	2,001,511	
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L				5			
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection	4958(f)(1)) and		6			
	7	Notes and loans receivable, net				7			
ş	8	Inventories for sale or use				8			
Assets	9	Prepaid expenses and deferred charges		1,591,615	9		1,973,869		
Ą	10a	Land, buildings, and equipment cost basis	10a	24,070,735					
	ь	Less accumulated depreciation Complete Part VI of Schedule D	10ь	14,373,398	8,073,672	10c	•	9,697,337	
	11	Investments—publicly traded securities			27,497,537	11	3.	1,000,243	
	12	Investments—other securities See Part IV, line 11		_		12		<u> </u>	
	13	Investments—program-related See Part IV, line 11		•		13			
	14	Intangible assets			14				
	15	Other assets See Part IV, line 11		804,999	_		1,329,453		
	16	Total assets. Add lines 1 through 15 (must equal line 34).	•	104,925,447	16		5,718,021		
	17	Accounts payable and accrued expenses .		40,371,180			0,184,064		
	18	Grants payable	40,071,100	18		3,104,004			
	19			3,964,970	19		2,135,051		
		Deferred revenue		3,904,970			2, 133,031		
9	20	Tax-exempt bond liabilities			20				
Liabilities	21 22	Escrow account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21					
<u>. G</u>		persons Complete Part II of Schedule L		22					
_	23	Secured mortgages and notes payable to unrelated third parties				23			
	24	Unsecured notes and loans payable				24			
	25	Other liabilities Complete Part X of Schedule D	_		798,633	25		1,273,970	
	26	Total liabilities. Add lines 17 through 25	•		45,134,783			3,593,085	
— Ф		Organizations that follow SFAS 117, check here ► ✓ and complete through 29, and lines 33 and 34.	plete l	ines 27	15,10 4,100				
Balance	27	Unrestricted net assets			59,790,664	27	52	2,124,936	
<u> 55</u>	28	Temporarily restricted net assets				28		<u> </u>	
	29	Permanently restricted net assets				29			
r Fund		Organizations that do not follow SFAS 117, check here ► allines 30 through 34.	nd com	plete					
S O.	30	Capital stock or trust principal, or current funds				30			
sets	31	Paid-in or capital surplus, or land, building or equipment fund				31			
ASS	32	Retained earnings, endowment, accumulated income, or other fi				32			
Net	33	Total net assets or fund balances		59,790,664	33	52	2,124,936		
ž	34	Total liabilities and net assets/fund balances			104,925,447	34		5,718,021	
Pa	rt XI	Financial Statements and Reporting			10 1,020, 111	<u> </u>			
	I C XI	r manetar statements and Reporting					Yes	N-	
1	Acco	unting method used to prepare the Form 990 Cash	Accr	ual 「Other			res	No	
2a	Were	the organization's financial statements compiled or reviewed by	an ınd	ependent account	ant?	2a		No	
b	Were	the organization's financial statements audited by an independe	nt acc	ountant?		2b		No	
c		es" to 2a or 2b, does the organization have a committee that ass , review, or compilation of its financial statements and selection				2c			
3а		result of a federal award, was the organization required to underge Audit Act and OMB Circular A-133?				3a	Yes		
b	b If "Yes," did the organization undergo the required audit or audits?						Yes		

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As Filed Data -

DLN: 93493228004180

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Nation	al Marr	row Donor Prog	ram									
									-086580:			
	rt I			harity Status (to be co					Instruct	ions)		
	organı:			ation because it is (Please								
1	<u> </u>	•		nurches, or association of ch			Section 1	L70(b)(1)((A)(i).			
2	<u> </u>			tion 170(b)(1)(A)(ii). (Attac								
3	<u> </u>	•	·	e hospital service organizati			-		• •		•	
4	ļ		-	zation operated in conjuncti	on with a l	hospital d	escribed i	n Section :	170(b)(1)	(A)(iii). E	nter the	
	_	•	name, city, and									
5	ı			or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desc	rıbed ın	
	_			(Complete Part II)								
6	<u>_</u>	•	-	overnment or governmental								
7	~	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral publi	с
	_	described i	n Section 170(I	o)(1)(A)(vi) (Complete Par	tII)							
8	<u>_</u>		•	ped in Section 170(b)(1)(A)		•	•					
9	ļ	-		ally receives (1) more than					•	· ·		SS
		•		lated to its exempt functions	-		•	, ,	•			
			-	estment income and unrelate			•			() from bu	sınesses	
	_		-	on after June 30, 1975 See			' '		•			
10	<u> </u>	_	-	and operated exclusively to	-		-				-	
11	l	one or more the box tha	e publicly suppo	and operated exclusively foorted organizations describe type of supporting organiza	d in section	on 509(a) omplete li	(1) or sec	tıon 509(a hrough 11	a)(2) See	Sect ion 5		.Check
e	Γ	other than	foundation man	rtify that the organization is agers and other than one or			•					
f		section 50 If the organ	nization receive	d a written determination fro	m the IRS	S that it is	a Type I,	Type II o	r Type III	supportir	ng organi	zation,
g		Since Augu following pe		as the organization accepte	d any gift	or contrib	utıon from	any of the				
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the govern	ng body of the the supported	d organiza	tion?				11g		<u> </u>
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)	
		(iii) a 35%	controlled enti	ty of a person described in ((i) or (ii) al	bove?				11g(iii)	
h		Provide the	following infori	mation about the organizatio	ns the org	janization	supports					
				I			1				T	
		ame of ported	(ii) EIN	(iii) Type of organization (described on lines 1-9	l	s the		ou notify	l	s the	(vii) Ar supp	nount of
		nization		above or IRC section	col (i)	ation in listed in	_	nızatıon) of your		ation in rganized	Supp	,011.
	•			(See Instructions))		verning		ort?		υs?		
					docur	ment?						
					Yes	No	Yes	No	Yes	No		
					1	I	1	1	1	1		

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

_	(Complete only if you chec	ked the box o	11 IIIIe 5, 7, 01	o of Part 1.)					
	ublic Support								
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	39,803,976	41,701,749	41,325,356	45,702,491	!	51,642,894	220,176,466	
2	Tax revenues levied for the organization's								
	benefit and either paid to or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
4	Total. Add line 1-3	39,803,976	41,701,749	41,325,356	45,702,491		51,642,894	220,176,466	
5	The portion of total contribution by each								
	person (other than a government unit or publicly supported organization) included								
	on line 1 that exceed 2% of the amount shown on line 11, column (f)								
6	Public Support subtract line 5 from line							220,176,466	
	4								
	otal Support								
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007		2008	(f) Total	
7	A mounts from line 4	39,803,976	2,279,377	41,325,356	45,702,491		51,642,894	220,176,466	
8	Gross income from interest, dividends,								
	payments received on securities loans, rents, royalties and income from similar sources	1,833,023	2,279,377	2,763,181	1,495,301		276,967	8,647,849	
9	Net income from unrelated business								
	activities, whether or not the business is								
	regularly carried on								
10	Other income Do not include gain or loss								
	from the sale of capital assets (Explain in Part IV)								
11	Total Support (Add lines 7 through 10)							228,824,315	
12	Gross receipts from related activities, etc	(See instruction				12			
							2,	754,236,726	
13	First Five Years. If the Form 990 is for the organization, check this box and stop here		rst, second, third	d, fourth, or fifth	tax year as a 5	01(c)(▶┌	
C	omputation of Public Support Perc								
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	led by line 11 co	lumn (f))		14		96.220 %	
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15 95.240 %			
16a	a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box								
h	and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di		•		I E i c 3 3 1/20/2 o	r moro	chack th	▶ ▼	
ט	box and stop here. The organization qualifier			,	15 15 55 1/570 0	illore	, check th	ıs ▶ □	
17a	10% Facts and Circumstances Test - 2008.				3. 16a. or 16b a	and line	e 14 is 10		
	more, and if the organization meets the "fac	•							
	organization meets the "facts and circumst							▶ ┌	
Ь	10% Facts and Circumstances Test - 2007.								
	more, and if the organization meets the "fac								
18	the organization meets the "facts and circu Private Foundation. If the organization did		-	•			-	►	
10	instructions	not check the DC	ام م الم المال الم	, a, 10 b, 1/a 01	I, D, CHECK LAIS	DOX d	iiu see	▶ □	

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007 Schedule A , Part IV-A , line 27h						

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

DLN: 93493228004180

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

	me of the organization onal Marrow Donor Program			Employer iden	tification number
ıaı	onal Mariow Bollot Program			84-0865803	
ìr'		y all organizations exempe the instructions for Scheduk		n 501(c) and section	527
	-	ganization's direct and indirect pol	•	tivities in Part IV	
	Political expenditures	gamzation o an oot and man oot po	itioar campaign ac	arrices in raice 27	\$
	Volunteer hours				P
ľ	t I-B To be completed b for Schedule C for de	oy all organizations exempetails.)	t under section	n 501(c)(3). (See the	instructions
	Enter the amount of any excise	e tax incurred by the organization	under section 4955	5	\$
	Enter the amount of any excise	e tax incurred by organization man	agers under sectio	n 4955	\$
	If the organization incurred in	a section 4955 tax, did it file Form	14720 for this year	r?	┌ Yes
)	Was a correction made?	┌ Yes			
	If "Yes," describe in Part IV				
ľ		y all organizations exemp	t under section	n 501(c), except sect	ion 501(c)(3).
	,	for Schedule C for details.) ended by the filing organization for	section F37 even	nt function potiuities	
					\$
	527 exempt funtion activities	rganızatıon's ınternal funds contrı	buted to other orga	nizations for section	\$
		mpt function expenditures Add li	nes 1 and 2 and ent	ter here and on Form	
	1120-POL, line 17b				\$
	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No
	were made Enter the amount p political contributions received	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly deliver action committee (PAC) If additio	paid from the filing ed to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions receive and promptly and directly delivered to a separate political organization. If none enter -0-
_					
_					
					

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

١	Check	1	if the filing organization belongs to an affiliated group
3	Check	Г	if the filing organization checked box A and "limited control" provisions apply

	Limits on Lo (The term "expenditure	(a) Filing Organization's Totals	(b) Affiliated Group Totals	
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
ь	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	672,443	672,443
c	Total lobbying expenditures (add line	es 1a and 1b)	672,443	672,443
d	Other exempt purpose expenditures		268,960,064	268,960,064
e	Total exempt purpose expenditures	(add lines 1c and 1d)	269,632,507	269,632,507
f	Lobbying nontaxable amount Enter t	1,000,000	1,000,000	
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (ente	r 25% of line 1f)	250,000	250,000
h	Subtract line 1g from line 1a Enter -	0- ıf lıne g ıs more than lıne a	0	0
i	Subtract line 1f from line 1c Enter -	O- if line f is more than line c	0	0
j	If there is an amount other than zero	n 4720 reporting		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Exper	ditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
_с	Total lobbying expenditures	433,748	461,744	620,962	672,443	2,188,897
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e 	Grassroots ceiling amount (150% of line d, column (e))					1,500,000
f	Grassroots lobbying expenditures					

	rt II-B To be completed by or					ed F		age 3
	5768 (election under s	ection 501(h)). (See the	instructions for Schedule C for					
				(;	a)		(b)	
				Yes	No	A	moun	it
1	During the year, did the filing organizati legislation, including any attempt to infl referendum, through the use of							
а	Volunteers?							
Ь	Paid staff or management (include comp	pensation in expenses reported	on lines c through i)?					
С	Media advertisements?							
d	Mailings to members, legislators, or the	•						
е	Publications, or published or broadcast	statements?				<u> </u>		
f	Grants to other organizations for lobbyi	ng purposes?						
g	Direct contact with legislators, their sta	affs, government officials, or a l	egislative body?					
h	Rallies, demonstrations, seminars, conv	ventions, speeches, lectures, o	r any other means?					
i	Other activities If "Yes," describe in P	art IV						
j	Total lines 1c through							
2a	1: Did the activities in line 1 cause the org	anization to be not described i	n section 501(c)(3)?		1 1	1		
	If "Yes" enter the amount of any tax inc		, , ,					
	If "Yes" enter the amount of any tax inc		s under section 4912					
	If the filing organization incurred a sect	· -						
	rt IIII-A To be completed by all			ction	501(c)(5)	. or	
		the instructions for Schedi						
1	Were substantially all (90% or more) du	use recoved pendeductible by	mambara?			1	Yes	No
2	Did the organization make only in-house	·			-	2		
3	Did the organization make only in-nous				F	3		
	rt IIII-B To be completed by all			ction	F01/c			
	section 501(c)(6) if BO question 3 is answered	TH Part III-A, questions I "Yes." (See the instruction	1 and 2 are answered "No" ons for Schedule C for details.)	OR if	f Part			
1	Dues, assessments and similar amount				1 \$			
2	Section 162(e) non-deductible lobbying expenses for which the section 527(f		not include amounts of political	'				
а	Current Year	, un was paraj.			2a \$			
	Carryover from last year			Ī	2b\$			
С	Total			ŀ	2c \$			
3	Aggregate amount reported in section 6	033(e)(1)(A) notices of nonde	ductible section 162(e) dues	f	3 \$			
4	If notices were sent and the amount on	line 2c exceeds the amount on	line 3, what portion of the excess	ŀ				
	does the organization agree to carryove	r to the reasonable estimate of	nondeductible lobbying and politic					
_	expenditure next year?			-	4 \$			
5	Taxable amount of lobbying and politica		nus 3 and 4)		5 \$			
	art IV Supplemental Informa							
	implete this part to provide the descriptions, complete this part for any additional in		Part I-B, line 4, Part I-C, line 5, and	l Part I	I-B, line	11		
	Ident if ier	Return Reference	Explana	tion				

Part IV Supplemental Information					
Ident if ier	Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2008

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DLN: 93493228004180

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

	me of the organization		Employer ic	lentification number
Ndti	onal Marrow Donor Program		84-08658	03
Pa	organizations Maintaining Donor Active organization answered "Yes" to Form 99		inds or Ac	counts. Complete if the
		(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		or advised	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		may be	┌ Yes
Pai	t II Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990,	Part IV, line 7.
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality on the last day of the tax year	on or pleasure) Preservation of an Preservation of cer	tified historic	
	,			Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easement	.s	2b	
c	Number of conservation easements on a certified hi		2c	
d	Number of conservation easements included in (c) a	` ,	2d	
3	Number of conservation easements modified, transfe	•	hv the organ	nzation during
	the taxable year	inted, released, extinguished, or terminated	a by the organ	nzacion daring
_	,			
4	Number of states where property subject to conserva			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		tions, and	┌ Yes ┌ No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►	
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the yea	ar ► \$	
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	?(d) above satisfy the requirements of sect	ion	┌ Yes ┌ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial :		
Par	Complete if the organization answered "		or Other Si	milar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h ın furtheran	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in		•
	(i) Revenues included in Form 990, Part VIII, line 1		,	- \$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:	· ·	r financial gai	n, provide the

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

	Organizations Maintaining Co	llections of Art	t, His	<u>stori</u>	<u>cal Tr</u>	easu	ires, or O	<u>the</u>	<u>r Similar</u>	Asse	ts (cc	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	owing t	hat ar	e a significa	ant us	se of its co	llection	ı	
а	Public exhibition		d	Γ	Loan	orexc	hange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furthe	rthed	organızatıon	's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ıılar	Г	Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						anızatıon a	nsw	ered "Yes	" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	ediary	for c	ontrıbu	tions	or other ass	ets r	ıot	Г	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following tab	le				Γ	$\overline{}$		A mou	nt	
c	Beginning balance						<u> </u>	1c				
d	Additions during the year						ŀ	1d				
e	Distributions during the year						T	1e				
f	Ending balance						F	1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				L			Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV		·							,		, 110
	t V Endowment Funds. Complete		n ans	were	ed "Ye	s" to	Form 990.	Par	t IV. line	10.		
		(a)Current Year) Prior `			o Years Back		Three Years B		Four Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses							$oldsymbol{ol}}}}}}}}}}}}}}}}}$				
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
С	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	re held	l and a	admınıstered	d for	the			
	organization by								г		Yes	No
	(i) unrelated organizations							•		3a(i)		
L	(ii) related organizations									3a(ii)	<u> </u> 	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	•						•	[3b	<u> </u>	<u> </u>
	t VI Investments—Land, Buildings					90 P:	art X line	10				
	<u> </u>	, and Equipme			Cost or		(b)Cost or o					
	Description of investment				s (invest		basis (othe		(c) Deprec	iation	(d) Bo	ok value
1 a L	and											
b E	Buildings								<u> </u>			
c L	easehold improvements						2,450	0,113	1,0	51,893		1,398,220
d E	Equipment						21,620),622	13,3	21,505		8,299,117
	Other											

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category (including name of security)	(b) Book value		of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ► Part VIII Investments—Program Related. Se	o Form 990 Part V June	12	
			of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip	otion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line is	15.)		
Part X Other Liabilities. See Form 990, Part >			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
DEFERRED COMPENSATION PAYABLE	1,273,970		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	1,273,970		

Par	t XI Reconciliation of C	Change in Net Assets from For	m 99	0 to	Financial Stateme	nts	
1	Total revenue (Form 990, Part	: VIII, column (A), line 12)				1	260,796,239
2	Total expenses (Form 990, Pa	rt IX, column (A), line 25)				2	269,632,507
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	-8,836,268
4	Net unrealized gains (losses) o	on investments				4	1,809,650
5	Donated services and use of fa	acılıtıes				5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	-639,110
9	Total adjustments (net) Add I	ines 4 - 8				9	1,170,540
10		per financial statements Combine line	s 3 ai	nd 9		10	-7,665,728
Part		Revenue per Audited Financial			nts With Revenue i	oer R	<u> </u>
1	•	er support per audited financial			•	1	267,238,000
2	A mounts included on line 1 bi	ut not on Form 990, Part VIII, line 12					
а	Net unrealized gains on inves	tments	.	2a			
b	Donated services and use of t	facilities	.	2b			
c	Recoveries of prior year grant	ts	.	2c			
d	Other (Describe in Part XIV)		· •[2d	16,909,341		
e	Add lines 2a through 2d					2e	16,909,341
3	Subtract line 2e from line 1 .					3	250,328,659
4		90, Part VIII, line 12, but not on line 1					
а	•	luded on Form 990, Part VIII, line 7b	.	4a			
b	Other (Describe in Part XIV)		. [4b	10,467,580		
С	Add lines 4a and 4b					4c	10,467,580
5		nd 4c. (This should equal Form 990, Par				5	260,796,239
		expenses per Audited Financia	ı Sta	teme	nts with Expenses		
1 2		er audited financial statements ut not on Form 990, Part IX, line 25				1	265,964,000
a	Donated services and use of f			2a	I		
a b	Prior year adjustments			2b		1	
•	Losses reported on Form 990		•	2c		1	
d			•	2d	6,798,919	1	
e	Add lines 2a through 2d				0,750,515	2e	6,798,919
3	Subtract line 2e from line 1 .					3	259,165,081
4		00, Part IX, line 25, but not on line 1:					
а		luded on Form 990, Part VIII, line 7b		4a			
b	Other (Describe in Part XIV)			4b	10,467,426	1	
С	Add lines 4a and 4b			-		4c	10,467,426
5	Total expenses Add lines 3 a	nd 4c. (This should equal Form 990, Pa	rt I, lı	ne 18)	5	269,632,507
Par	t XIV Supplemental In	formation					
		escriptions required for Part II, lines 3, 8, Part XII, lines 2d and 4b, and Part XI				art IV ,	lines 1b and 2b,
	Ident if ier	Return Reference			Explanat	ion	
							2000 (1500 110)

Ident if ier	Return Reference	Explanation
		Part XI, Line 8 Heart of America Loss FY 2008 (\$639,110) Part XII, Line 2d Intercompany revenue eliminated for consolidated financial statement purposes \$16,909,341 Part XII, Line 4b Intercompany revenue eliminated for consolidated financial statement purposes \$10,467,580 Part XIII, Line 2d Intercompany expenses eliminated for consolidated financial statement purposes \$6,798,919 Part XIII, Line 4b Intercompany expenses eliminated for consolidated financial statement purposes \$10,467,426

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DLN: 93493228004180

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public **Inspection**

Name of the organization	Employer identification number
National Marrow Donor Program	
	84-0865803

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award ☐ Yes
- For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Activites per Region (o	se schedule r-1	(FOITH 990) II aut	illional space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in
East Asia & Pacific	0	0	Program Services	Medical	2,045,855
Europe	0	0	Program Services	Medical	15,855,583
Middle East & North Africa	0	0	Program Services	Medical	1,334,901
North America	0	0	Program Services	Medical	589,281
Russia & Newly Independent	0	0	Program Services	Medical	13,235
South America	0	0	Program Services	Medical	54,792
South Asia	0	0	Program Services	Medical	8,280
Sub-Saharan Africa	0	0	Program Services	Medical	14,294
Totals ▶					19,916,221
For Dangework Poduction Act No	tica coathainstr	uctions for Form O	on Cat No.	500821//	chodula E /Earm 000\ 2009

n) Name of ganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
		North America	Research	45,524	Check disbursement			
		-						

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	1	1				l	

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID:

Software Version:

EIN: 84-0865803

Name: National Marrow Donor Program

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(b) IRS code (a) Name of section organization and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
	North America	Research	45,524	Check disbursement			

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Grants and Other Assistance to Organizations,

OMB No 1545-0047

DLN: 93493228004180

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Governments and Individuals in the U.S.

Open to Public **Inspection**

Name of the organization						Employer ident	ification number
National Marrow Donor Program	n					84-0865803	
Part I General Infor	mation on Grar	nts and Assistance					
Does the organization mathematics the selection criteria useDescribe in Part IV the organization	ed to award the gran organization's proce	its or assistance? dures for monitoring th	e use of grant funds in th	e United States			
Form 990, Part Part IV and Sch	IV, line 21 for an edule I-1 if addit	y recipient that rece ional space is	eived more than \$5,00	00. Check this box i	es. Complete if the of no one recipient rec	eived more than \$5	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Be the Match Foundation 3001 Broadway Street NE Ste 600 Minneapolis, MN 55413	41-1704734	501(c)(3)	10,467,426		FMV		Research, Recruitment, Monthly Operating Expenses, and Patient Assistance
2 Enter total number of sec		=	•	•	•		1
organizations 3 Enter total number of oth							<u> </u>

Part IIII Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
NMDP Transplant Support Assistance	296	343,200			
NMDP Patient Search Assistance	766	888,202			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Patients apply for pre- and post-transplant support grants through the Office of Patient Advocacy, a department within the National Marrow Donor Program The pre-transplant grants are awarded to cover potentially uninsured donor search assistance funds, and checks are written directly to transplant centers. The post-transplant grants are awarded to the applicant based on the financial need of each patient, and each patient can get financial assistance for the six months following the date of the transplant. The grants are awarded directly to the patient and are used to cover such items as uninsured costs, co-pays, food, lodging, and ground transportation.

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As Filed Data -

DLN: 93493228004180

OMB No 1545-0047

2008

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization National Marrow Donor Program **Employer identification number**

84-0865803

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel		Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N	•		1b		
2	Did the organization require substantiation prior to in officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the		·			
	Compensation committee	굣	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	✓	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control p	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o			7		No
8	Were any amounts reported in Form 990, Part VII, public subject to the initial contract exception described in Part III			8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Jeffrey W Chell	(ı) (ıı)	407,551	188,850		35,069	28,559	660,029	37,49
Dennis L Confer MD	(ı) (ıı)	281,100	92,700		28,267	32,709	434,776	9,85
Gordon C Bryan	(ı) (ıı)	265,306	83,004		21,953	32,709	402,972	3,32
Michael J Boo	(ı) (ıı)	245,784	75,827		16,033	32,709	370,353	
Claudio Garcia	(ı) (ıı)	237,502	27,500		14,628	32,709	312,339	
Michael Jones	(ı) (ıı)	233,083	29,563		16,908	32,709	312,263	
John P Miller MD	(ı) (ıı)	246,841	48,645		9,729	24,498	329,713	
Brian L Lindberg	(ı) (ıı)	191,608	40,260		7,320	32,109	271,297	
Jeffrey M Uecker	(ı) (ıı)	133,444	28,930		5,260	24,685	192,319	
Patrick A Reinken	(ı) (ıı)	139,183	13,500			6,966	159,649	
Kyle M Nelson	(ı) (ıı)	124,481	24,050			23,268	171,799	
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
		NMDP offers its officers, vice presidents, and directors a 457(b) deferred compensation plan (the "DC Plan") created in accordance with applicable provisions of the Internal Revenue Code. The DC Plan permits employees to defer a portion of their salary until future years. The accumulated deferred compensation balance is not available to employees until termination, retirement, death, or unforeseeable emergency. Also, NMDP offers a supplemental benefits plan (the "SB Plan") for its officers and vice presidents. Each year the SB Plan contributes 14% of salary for the chief executive officer, 9% for other officers, adn 4% for vice presidents. The SB Plan is a flexible benefit plan allowing the officer to select from limited options, which include payment for individual long-term care, and the balance as a contribution into the 457(b) deferred compensation plan, and/or a capital accumulation account to supplement current basic and supplemental benefits.
	 	
	 	
	1	
	†	

Software ID: Software Version:

EIN: 84-0865803

Name: National Marrow Donor Program

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base Compensation	(ii) Bonus & (iii) Other compensation		compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Jeffrey W Chell	(1) (11)	407,551	188,850		35,069	28,559	660,029	37,495	
Dennis L Confer MD	(I)	281,100	92,700		28,267	32,709	434,776	9,855	
Gordon C Bryan	(I)	265,306	83,004		21,953	32,709	402,972	3,321	
Michael J Boo	(I) (II)	245,784	75,827		16,033	32,709	370,353		
Claudio Garcia	(I)	237,502	27,500		14,628	32,709	312,339		
Michael Jones	(II)	233,083	29,563		16,908	32,709	312,263		
John P Miller MD	(II)	246,841	48,645		9,729	24,498	329,713		
Brian L Lindberg	(II)	191,608	40,260		7,320	32,109	271,297		
Jeffrey M Uecker	(I) (II)	133,444	28,930		5,260	24,685	192,319		
Patrick A Reinken	(1) (11)	139,183	13,500			6,966	159,649		
Kyle M Nelson	(I) (II)	124,481	24,050			23,268	171,799		

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

Open to Public Inspection

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization
National Marrow Donor Program

84-0865803

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	NMDP w orks with patient families, faith communities, corporations, colleges and universities, and other organizations to raise awareness about the opportunity to give patients hope by joining the registry, making a gift through Be The Match Foundation, and volunteering. In addition, the NMDP is a leader in providing health care professionals with the education, resources and services they need to provide the best care for transplant patients. Expenses \$ 12222881 including grants of \$ 0. Revenue \$ 33737.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Esperanza B Papadopoulos and Stelios Papadopoulos have a Family Relationship

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The organization contracted with an outside public accounting firm to prepare the Form 990. The return was reviewed by management. Due to timing constraints and the final filing deadline, a copy of the filed form was provided to the Finance Committee. After filing, the Finance Committee will present the form to the Board of Directors.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 12c		The organization's Conflict of Interest Policy covers all officers, directors, and key employees, as defined by the IRS Each year, officers, directors, and key employees must complete a conflict of interest questionnaire. Upon receipt of the questionnaire or other information from a NMDP Member, the Executive Committee shall review the questionnaire or matter to determine the existence of any possible conflicts of interest. The Executive Committee shall confer with the involved NMDP Member in the event it appears there is any actual or apparent conflict of interest. In the event it appears to the Executive Committee that a conflict of interest is present, the Executive Committee shall ask the NMDP Member to abstain from participation and voting in accordance with Article VI of the Conflict of Interest Policy and shall bring the matter to the attention of the Board of Directors or any appropriate committees of the Board of Directors, for discussion and appropriate action. However, when a conflict of interest does in fact exist under the definition in Section II of the Conflict of Interest Policy, the NMDP Member with the conflict of interest shall not vote on the matter and may be excluded from participating in discussion. The NMDP Member with a conflict of interest may still be included for purposes of determining a quorum if the NMDP Bylaw's so permit.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		NMDP utilizes a Compensation Committee which is charged with setting the compensation of the organization's CEO During this process, the Committee will be composed of individuals who are independent of the organization. The Committee reviews comparability data obtained from independent third party consultants when setting compensation levels to ascertain the compensation is reasonable, non-excessive, and at fair market value. In addition, the Compensation Committee maintains minutes documenting the rationale utilized to determine appropriate compensation for the CEO and other officers of the organization.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The Conflict of Interest Policy is available upon request. The Articles of Incorporation are available at the MN Office of the Secretary of State. Financial Statements are available at the MN Office of Attorney General

ldentifier	Return Reference	Explanation
Part XI, Line 2		NMDP prepares the financial statements using in house staff and is a part of a consolidated financial audit by an independent accountant. The annual independent audit report is a consolidated audit report that is approved by the Finance and Audit Committee.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493228004180

2008

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2008

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Related Organizations and Unrelated Partnerships

National Marrow Donor Program 84-0865803 Part I Identification of Disregarded Entities (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Primary activity Direct controlling (if section 501(c)(3)) or foreign country) entity Be The Match Foundation National Donor Marrow 3301 Broadway Street NE Suite 600 **Fundraising** MN501(c)(3) Program Minneapolis, MN55413 41-1704734

Cat No 50135Y

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom inve	(E) ominant e(related, estment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations
--------	--

Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
During the tax year, did the organization engage in any of the following transactions with one or more relate	d organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1	La		No
b Gift, grant, or capital contribution to other organization(s)	1	Lb	Yes	
c Gift, grant, or capital contribution from other organization(s)	1	Lc		No
d Loans or loan guarantees to or for other organization(s)	1	Ld		No
e Loans or loan guarantees by other organization(s)	1	le		No
f Sale of assets to other organization(s)		Lf		No
g Purchase of assets from other organization(s)	1	Lg		No
h Exchange of assets	1	Lh		No
i Lease of facilities, equipment, or other assets to other organization(s)		1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	<u> </u>	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1	Lk		No
Performance of services or membership or fundraising solicitations by other organization(s)		11		No
m Sharing of facilities, equipment, mailing lists, or other assets	1	Lm		No
n Sharing of paid employees		Ln		No
• Reimbursement paid to other organization for expenses	_ 1	Lo	Yes	
p Reimbursement paid by other organization for expenses	[4]	Lр		No
q O ther transfer of cash or property to other organization(s)	1	Lq		No
r Other transfer of cash or property from other organization(s)		1r		No

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Be the Match Foundation	В	7,112,251
(2)	Be the Match Foundation	o	3,355,175
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_					
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No				
			•	•		•		Sabadula	D / Form					

Additional Data

Software ID:

Software Version:

EIN: 84-0865803

Name: National Marrow Donor Program

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Medical services	115,873,645	115,873,645		
Forms Completion & Rese	27,914,529	27,914,529		
Donor search services	15,589,405	15,589,405		
Donor recruitment	6,871,642	6,871,642		
Relations & Members	239,981	170,156	69,825	